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Statement by H.E. Archbishop Celestino Migliore
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Economic and Social Council
53rd session of the Commission on the Status of Women

On Item 3 (a) (i):
Follow-up to the Fourth World Conference on Women
and to the twenty-third special session of the General Assembly entitled
"Women 2000: gender equality, development and peace for the twenty-first century":
Implementation of strategic objectives in
critical areas of concern and further actions and initiatives:
the equal sharing of responsibilities between women and men,
including caregiving in the context of HIV/AIDS

New York, 9 March 2009

Mr. Chairman,

My delegation applauds the choice of such an important and timely topic for this discussion: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS.

To consider care as a fundamental aspect of human life has profound implications.

Caregiving involves programs, policies and budgetary decisions, as well as personal attitude and commitment for the wellbeing of others. The interrelatedness between activity and personal attitude is self-evident but not always to be presupposed.

Human beings are not only autonomous and equal but also interdependent creatures, who regardless of their social status and stage of life may need care.

Focusing on care and sharing responsibility between women and men in coping with pressing issues such as prevention and treatment of HIV/AIDS, child-rearing, housework and support for older family members, leads us to think of the relationship between man and woman in society as interdependent.

The overcoming of the dilemma between autonomy and dependence also favors a new vision of the work of care that can no longer be attributed only to certain groups, such as women and immigrants, but must also be shared between all women and men, in households as well as in the public sector.

In particular, it is more and more untenable that there continue to be attitudes and places - even in health care - where women are discriminated against and their contribution to society is undervalued simply because they are women. Recourse to social and cultural pressure in order to maintain the inequality of the sexes is unacceptable.

Mr. Chairman, since our debate mainly focuses on sharing responsibilities and caregiving between women and men in the context of HIV/AIDS, the very first thought goes to the primary and best meaning of care, namely taking care, protecting and promoting the wellbeing of others. In this context, HIV/AIDS calls into question the values by which we live our lives and how we treat, or fail to treat, one another.

Community-based care and worldwide support for those suffering from this disease remain essential. Home-based care is the preferred means of care in many social and cultural settings, and is often more sustainable and successful over the long term when based within communities. In fact, when many members of a community are involved in care and support, there is less likely to be stigma associated with the disease.

Unfortunately, community- and home-based care is largely unrecognized, and many caregivers face precarious financial situations. Very little of the funds spent every

year on providing assistance to those who are suffering as well as on much needed research to combat the disease go to supporting them. Studies have shown that community and home-based caregivers actually experience more stress than medical personnel; so better support must be provided for these persons, particularly women and older persons who are caregivers.

My delegation would also like to focus on some aspects of the globalization of caregiving which are affecting in particular poor and immigrant women. In societies characterized by important demographic transformations, familial and occupational and inadequate welfare systems, immigrant women respond to the demand to care for children, the sick, severely disabled people and the elderly. In many parts of the world, a true market has emerged in the area of home-based caregiving, in which women above all are found in situations of vulnerability due to non-regularization, social isolation, difficult working conditions and at times exploitation of every kind.

Governments should properly recognize that the budget and organization of public institutions are somewhat relieved by family-based caregiving and should thus adopt migration laws aimed at creating social integration and full protection of immigrant caregivers and fostering social integration. Likewise, supporting an appropriate professional formation that offers to home-based caregivers basic knowledge of health and psychology would upgrade their invaluable activity and eventually shield them from easy and reprehensible types of exploitation.

Developing countries are suffering from brain drain, as many of their educated, talented and skilled human capital – especially in the health sector – leave their places for better economic opportunities in rich countries. Market-forces get the blame for this, but this is an area where countries of origin, transit and destination need to work together to help developing countries retain, or at least readmit, these skilled members of their workforce, providing suitable incentives to recognize and better remunerate them so that caregivers may more easily be able to stay at home.

Finally, Mr. Chairman, too many cultures hold that care is to be restricted to the private sphere and presupposes that it is provided in the domestic realm.

Care in itself must become a topic of public debate and take on an importance capable of shaping political life and giving men and women the ability to be more concerned for the needs of others, more empathetic and able to focus on others.

Care, in this sense, has the capacity to create a process of democratization of society and to foster a public awareness aimed at social and effective justice and solidarity for all women and men.

Thank you, Mr. Chairman.